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PART ONE OF TWO -- PART TWO IDENT IS 110427Z  
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-07)//  
POC/CAPT P.C. BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)  
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF  
INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS  
MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED  
BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY  
REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION  
ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED  
WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT  
HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND  
OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL  
CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(940046)-DOD ANNOUNCES SMOKE-FREE WORKPLACE POLICY  
(940047)-NAVY RESTRICTS USE OF SMOKELESS TOBACCO  
(940048)-U.S. SURGEON GENERAL REPORTS ON YOUTH AND TOBACCO  
(940049)-PASSIVE CIGARETTE SMOKE FOUND IN FETAL HAIR  
(940050)-TOBACCO ADS WORKED WELL TO GET WOMEN TO SMOKE  
(940051)-YOUTH IN MINORITY NEIGHBORHOODS SOLD SINGLE CIGARETTES  
(940052)-FIRST TWO WEEKS CRUCIAL IN EFFORTS TO QUIT SMOKING  
(940053)-CDC SAYS OUTLOOK BLEAK TO GET AMERICA OFF CIGARETTES  
(940054)-HEALTHWATCH: TIP OF THE CENTURY: QUIT SMOKING  
(940055)-HIV -- AND SMOKING -- AND YOU

HEADLINE: DOD Announces Smoke-Free Workplace Policy  
NNS Washington (NSMN) -- The Department of Defense (DOD)  
announced 8 March 1994 that a new far-reaching smoke-free  
workplace policy banning smoking of tobacco products in all DOD  
work places worldwide would begin 8 April. The Navy banned  
smoking in Navy-controlled work areas 1 January 1994 (ALNAV  
131/93 of 21 October 1993).

Smoking will continue to be allowed, under limited  
conditions, in military barracks, family housing, prison  
quarters, clubs, recreational areas and restaurants. The new DOD  
instruction allows for designated outdoor smoking areas that are  
accessible to workers and provide some measure of protection from  
the weather.

The Navy's policy also restricts smoking in living areas

with shared ventilation systems. Designated smoking areas are to be away from air supply intakes and building entry ways so that smoke will not be recirculated. Smoking policies for submarines and ships are addressed in the ALNAV.

Additional details on the new DOD policy can be found in DOD Instruction 1010.15.

Story by BUPERS Public Affairs

-USN-

HEADLINE: Navy Restricts Use of Smokeless Tobacco

NNS Washington (NSMN) -- The use of smokeless tobacco -- spit tobacco -- is on the rise, particularly among young male adolescents. While some people think spit tobacco is a safe alternative to cigarettes, the facts are that it contains nicotine and a number of known cancer-causing agents, is highly addictive, and can cause oral cancer and other serious medical conditions.

In addition to being addictive, unhealthy and unsanitary, spit tobacco use is inappropriate under many military circumstances. NAVOP 001/94, released in January, prohibits the use of this type of tobacco during briefings, meetings, classes, formations, inspections, during watch, and in all other situations where proper decorum is required.

For information on programs to help people "kick the habit," send a self-addressed stamped envelope to: Bureau of Naval Personnel, ATTN: PERS-601D, 2 Navy Annex, Washington, D.C. 20370-5000.

Story by Denise Vigneault, BUPERS Public Affairs

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HEADLINE: U.S. Surgeon General Reports on Youth and Tobacco

HHS Washington (NSMN) -- Surgeon General M. Joycelyn Elders released her first report on smoking and health on 24 February. In her remarks, the nation's surgeon general sent "a resounding warning to young people: Tobacco addicts and it kills."

The report, "Preventing Tobacco Use Among Young People," is the 23rd report of the U.S. Surgeon General and the first to focus exclusively on the problem of tobacco use among our nation's young people, Elders said. "Today, more than 3 million adolescents in the United States smoke cigarettes and a million use smokeless tobacco," she said. Citing a recent release from the National Institute on Drug Abuse's Monitoring the Future Survey that showed an increase of smoking among teenagers between 1992 and 1993, Elders said, "Among high school seniors, for example, smoking was up from 28 percent to 30 percent. That sounds a clear alarm. If we do not act swiftly and aggressively to reverse these patterns of early addiction to tobacco, our young people will face the same needless suffering and death that so many lifetime smokers are facing today."

Before discussing the report's focus and conclusions, Elders emphasized that America "can no longer discuss smoking as an 'adult habit' -- because today, tobacco use, without question is an adolescent tragedy."

The report addresses age of first use of tobacco, teenage

nicotine addiction, the link between smoking and use of other drugs, risk factors for starting smoking, the effects of advertising on young people, and programs and policies that work to reduce tobacco use among our youth.

"Preventing Tobacco Use Among Young People" has six major conclusions:

- Nearly all first use of tobacco occurs before high school graduation; if adolescents can stay tobacco-free, most will stay that way forever.

- Most adolescent smokers are addicted to nicotine and have a very difficult time quitting.

- Tobacco is often the first drug used by those young people who use alcohol, marijuana, and other drugs.

- Adolescents most likely to use tobacco are those who have lower levels of school achievement, fewer resistance skills, friends who use tobacco, and lower self-images.

- Cigarette advertising appears to increase young people's risk of smoking by affecting their perceptions of the pervasiveness, image and function of smoking.

- Community-wide efforts are successful in reducing adolescent use of tobacco. They include tobacco tax increases, enforcement of minors' access laws, youth-oriented mass media campaigns, and school-based tobacco use prevention programs.

In addition to releasing the report, Elders also announced "a number of specific new efforts that the government is spearheading to combat tobacco use among our young people."

These include Centers for Disease Control-prepared "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction" and a "Surgeon General's Report for Kids about Smoking," a magazine-style report designed to appeal to young readers.

Also, the Department of Health and Human Services, in collaboration with the Department of Education, will hold a major satellite videoconference on 24 March, called "Youth and Elders Against Tobacco Use."

Elders also said that HHS "is accelerating its program efforts through state health departments to prevent tobacco use among young people. This year, for the first time in U.S. history, all U.S. states and the District of Columbia are receiving dedicated funds for tobacco control."

Elders concluded her remarks with admonitions for all Americans, saying, "Every cigarette takes seven minutes to smoke -- and subtracts seven minutes from precious human lives. That's a tragedy and a waste.

"The solution rests with all of us -- parents, family members, educators, public health officials, policy makers, law enforcement officials, and the media. Only our collective strength and commitment can free our 3 million children and teenagers from the terrible addiction of tobacco use -- and prevent it from afflicting future generations. To the youth of America who do not use tobacco -- I say 'Don't start.' To the youth of America who do use tobacco -- I say 'For once, it's OK to be a quitter.'"

HEADLINE: Passive Cigarette Smoke Found in Fetal Hair

AMA New York (NSMN) -- For the first time, there is biochemical evidence that the toxic elements of passive cigarette smoke can affect the fetus of a non-smoking mother, according to an article in the 23 February issue of the Journal of the American Medical Association.

A team led by Gideon Koren, MD, at the Hospital for Sick Children, Toronto, and colleagues, conducted a study to describe the distribution characteristics of nicotine and its major metabolite, cotinine, in maternal and neonatal hair.

Koren, director of the hospital's Division of Pharmacology/Toxicology, presented the study at a media briefing sponsored here today by the AMA and The Robert Wood Johnson Foundation.

The researchers say that their data indicate that pregnant women exposed to passive smoke and their infants accumulated nicotine and cotinine to measurable levels.

The researchers measured maternal and neonatal hair concentrations of nicotine and cotinine in 94 mother-infant pairs in two newborn nurseries in Toronto, Ontario, one to three days after delivery. Mothers who were active smokers, non-smokers, and passive smokers, and their infants were included.

The study says: "Maternal cigarette smoking during pregnancy has long been associated with increased risks for low birth weight, prematurity, spontaneous abortion, perinatal mortality, and the sudden infant death syndrome. Moreover, during the last decade, evidence has accumulated for long-term neurotoxicity affecting neurobehavioral development."

All active smoking women participating in the study (36) reported a steady number of cigarettes used daily; they smoked between one and 40 cigarettes per day. They had high hair concentrations of 19.2 ng/mg for nicotine and its metabolite. Infants of smokers had mean hair concentrations of 2.4 ng/mg for nicotine and 2.8 ng/mg for cotinine.

Thirty-five non-smoking mothers participated in the study. Their mean hair concentrations of nicotine (1.2) and cotinine (0.3) were significantly lower than in smoking mothers. Similarly, neonatal hair concentrations of nicotine (0.4 ng/mg) and cotinine (0.26 ng/mg) were significantly lower in infants of non-smokers.

Twenty-three passive smoking mothers and their infants participated in the study. Their concentrations of nicotine (3.2 ng/mg for mothers and 0.28 ng/mg for infants) and cotinine (0.9 ng/mg for mothers and 0.6 ng/mg for infants) were intermediate and significantly different from those of both the smokers and the non-smokers.

They also say: "This is the first biochemical evidence that infants of passive smokers are at risk of measurable exposure to cigarette smoke. Hair accumulation of cigarette smoke constituents reflects long-term systemic exposure to these toxins and therefore may be well correlated with perinatal risks."

HEADLINE: Tobacco Ads Worked Well to Get Women to Smoke

AMA New York (NSMN) -- Aggressive cigarette advertising campaigns in the late 1960s, such as the early Virginia Slims campaign, resulted in a major increase in smoking by adolescent girls too young to legally purchase cigarettes, according to a study in the 23 February issue of the Journal of the American Medical Association.

"There was no public health action against tobacco marketing after evidence that Joe Camel impacted young people because the tobacco industry demanded evidence linking advertising to the uptake of smoking in minors. This study provides such evidence," said John P. Pierce, PhD, in an interview. Pierce authored the study with colleagues from the Cancer Prevention and Control Program, University of California, San Diego, Cancer Center. He presented the information at a media briefing sponsored by the AMA and The Robert Wood Johnson Foundation on 22 February in New York City.

The authors used data from the National Health Interview Surveys (1970, 1978, 1979, 1980, 1987 and 1988) to construct age-specific rates of smoking initiation for males and females aged 10 to 20 years from 1944 through the mid-1980s. Information from 102,626 respondents was used.

"From the end of World War II through 1967, a stable, slightly increasing trend in smoking initiation was observed in adolescent girls," they write.

"In 1967, the initiation rate increased rapidly in girls younger than 17 and peaked around 1973, at which time the rates were up to 110 percent higher than the 1967 rate."

The researchers say the increase was particularly significant among females who never attended college (1.7-fold higher). "Initiation rates for females younger than 18 years peaked around 1973, at about the same time sales of these brands peaked," they say.

Underscoring the notion that the ad campaign targeted young girls, the study found no evidence that initiation increased among males or women aged 18 years or older during this period.

Initiation rates for 18- to 20-year-old men dropped abruptly after World War II (1944-1949), but then did not decrease again until the middle to late 1960s. "Initiation rates for boys younger than 16 years showed little change during the entire study period," they found.

"In this study, we have demonstrated that tobacco advertising has a temporal and specific relationship to smoking uptake in girls younger than the legal age to purchase cigarettes," they write.

"Our findings add to the evidence that tobacco advertising plays an important role in encouraging young people to begin this lifelong addiction before they are old enough to fully appreciate its long-term health risks."

They conclude: "The prudent public health approach to prevent yet another increase among young people is urgent action to extend the ban on tobacco advertising to cover all forms of advertising and promotion."

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PART TWO OF TWO -- PART ONE IDENT IS 110426Z

HEADLINE: Youth in Minority Neighborhoods Sold Single Cigarettes

AMA New York (NSMN) -- In the face of increasing per-pack costs, some California convenience stores have been selling single cigarettes -- most likely to minors in minority neighborhoods -- apparently in an effort to keep the product affordable to their customers, according to the Journal of the American Medical Association, 23 February.

These sales occur despite state laws banning the sale of cigarettes to minors or sales in any way other than a sealed, properly labeled package.

"The cost of cigarettes has increased in recent years, particularly in California," writes Elizabeth Klonoff, PhD, from the Behavioral Health Institute, California State University-San Bernardino, with colleagues. She presented her information at a media briefing sponsored by the AMA and The Robert Wood Johnson Foundation in New York City on 22 February.

"Although increased cost may not deter committed smokers, it may result in a decrease in smoking among minors and economically disadvantaged casual smokers. ... The availability of these inexpensive, accessible tobacco products may facilitate experimentation in adolescents and may permit intermittent smoking by adults who otherwise might quit because of the high cost of a pack of cigarettes."

In the study, one adult and one minor separately attempted to purchase a single cigarette from each of 206 retail outlets (117 liquor stores, 31 chain convenience stores, 22 convenience stores with gas stations, 16 general convenience stores, 16 mom-and-pop grocery stores, and four others) in middle- and lower-middle-class areas of San Bernardino and Riverside counties, California.

"One hundred one (49.1 percent) of the stores sold single cigarettes," they found. "Singles were sold significantly more often to minors than to adults." Of the 101 stores, 93.1 percent sold singles to minors, compared with 59.4 percent for adults.

Singles were generally kept somewhere behind the counter, although 31 stores displayed them openly. Price varied with purchaser's age, but minors paid an average of 20.7 cents per cigarette compared with 18 cents for adults.

The researchers report that retailers may believe that adults can afford a pack and so refuse to sell them a single cigarette. Minors, however, may be perceived as unable to afford a pack, and retailers then may decide that it is better to sell a single cigarette than to make no sale at all.

"Singles were least likely to be sold in white neighborhoods (29.2 percent of visits), more likely to be sold in integrated neighborhoods (38.6 percent of visits) and most likely to be sold in minority neighborhoods (54.2 percent of visits)," they say.

"Minors were able to purchase single cigarettes during 34.4 percent of the visits to white neighborhoods but could do so during 71.2 percent of the visits to minority neighborhoods; adults were able to make similar purchases during 24 percent of

the visits to white neighborhoods and 37.3 percent of the visits to minority neighborhoods."

The authors say: "Thus, any legislation that increases tobacco costs should include merchant education, a ban on single-cigarette sales, and increased enforcement of all tobacco access laws ... additionally, specific efforts should be directed toward the development of culturally sensitive interventions to decrease illegal sales in minority neighborhoods."

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HEADLINE: First Two Weeks Crucial in Efforts to Quit Smoking

AMA New York (NSMN) -- Whether or not a person is totally abstinent during the first two weeks of smoking cessation programs using the nicotine patch can determine whether they will be smoking six months later, according to an article in the Journal of the American Medical Association, 23 February.

Susan L. Kenford and Michael C. Fiore, MD, MPH, University of Wisconsin Medical School, Madison, and colleagues, identified predictors of smoking cessation success or failure in two different study groups using nicotine or placebo patches. Fiore presented the study at a media briefing sponsored by the AMA and The Robert Wood Johnson Foundation in New York City, 22 February.

The study found that among active nicotine patch patients who smoked at all during week two after quitting, 83 percent in group one and 97 percent in group two were smoking at six-month follow-up.

Conversely, abstinence during the week of treatment predicted successful smoking cessation. Among active nicotine patch patients who were totally abstinent during week two after quitting, 46 percent of group one and 41 percent of group two were abstinent at six-month follow-up. Of all nicotine patch patients in both studies who were smoking at six-month follow-up, 74 percent began smoking during week one or two. Among all placebo patch patients who were smoking at six-month follow-up, 86 percent began smoking during week one or two.

Fiore, director of the UW Center for Tobacco Research and Intervention, presented the study at an AMA media briefing on smoking cessation.

The researchers write: "The analyses reveal one powerful prediction rule for clinicians: any smoking in the first two weeks of treatment predicts both short-term and long-term failure, with week two smoking being particularly predictive of outcome. ... By assessing the presence or absence of any smoking during the second week of treatment, clinicians can predict with good accuracy whether the patient will or will not quit smoking."

The researchers used two study groups consisting of daily smokers aged 21 to 65 who smoked at least 15 cigarettes a day. There were 88 subjects in study group one, who underwent eight weeks of 22 milligram nicotine patch therapy with intensive group counseling. Study group two consisted of 112 subjects who underwent four weeks of 22 milligram nicotine patch therapy and two weeks of 11 milligram nicotine patch therapy with brief individual counseling. The study also used placebo groups.

Based on their findings, the researchers recommend to

doctors:

-- Doctors should stress that total abstinence is central to a successful smoking cessation effort for most smokers.

-- Clinicians should "front load" smoking cessation counseling and support during the first two weeks after quitting. Among the patients using the nicotine patch, 74 percent of those who ultimately relapsed by six months began smoking in the first two weeks, so counseling and support is crucial during that time period.

-- Assess smoking during the second week after the quit attempt to predict smoking cessation outcome.

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HEADLINE: CDC Says Outlook Bleak to Get America Off Cigarettes

AMA New York (NSMN) -- The decline in smoking rates enjoyed during the past 25 years appears to have stalled, even though nationwide efforts to control tobacco use may be viewed by some as a public health success story, says the head of the Centers for Disease Control in an editorial in the 23 February issue of the Journal of the American Medical Association.

David Satcher, MD, PhD, director of the U.S. Centers for Diseases Control and Prevention, Atlanta, with Michael Eriksen, ScD, director of the CDC's Office on Smoking and Health, write the most recent data on smoking prevalence provide no basis for optimism. Satcher presented the editorial at a media briefing sponsored by the AMA and The Robert Wood Johnson Foundation in New York City, 22 February.

"The 1991 smoking prevalence estimate of 25.7 percent is virtually no different from the previous year's estimate of 25.5 percent. The outlook for smoking among children and adolescents is even worse. When comparing the use of alcohol, cigarettes and other drugs, only cigarette use did not decline substantially among high school seniors between 1981 and 1991. During the last decade, smoking among white teens has scarcely declined at all," they write.

"Since most children can buy cigarettes whenever they want to -- even though the sale of tobacco products to minors is illegal in all 50 states -- it is clear that the war against the onset of tobacco use has not been won," they continue.

To better achieve tobacco control, the responsibility for change must be shared by all. In 1994, the government will have a tobacco-control program in every state, funded by the CDC, the National Cancer Institute, or dedicated state excise taxes (as in California), they write.

In addition to the symbolic step of having made the White House smoke-free, the current administration has proposed quadrupling the excise tax on cigarettes -- from 24 cents to 99 cents -- an action of great significance to public health. "Not only will this action raise much-needed revenue for health care, but should also contribute to a major reduction in cigarette consumption," they write.

"We expect that, as a result of an increased cigarette tax, the annual decline in smoking prevalence will begin again. The leveling off, which began in 1991, corresponded with an increase



in the availability of discount cigarettes and cost-saving promotions sponsored by the tobacco industry.

"There is reason to expect that by providing a financial incentive, the proposed tax increase will encourage current smokers to quit and teens never to start, rather than merely encourage smokers to smoke fewer cigarettes. The greatest effect is expected on teen smoking behavior, since teens are the most sensitive to changes, both up and down, in the price of cigarettes," Satcher and Eriksen write.

They continue that we know smoking is the single greatest cause of death in the United States. "Yet, we are still plagued by an entirely preventable problem, and this is the paradox of tobacco control. Only through a broad-based approach to preventing tobacco use (like prevention, treating nicotine addiction, protecting non-smokers from environmental tobacco smoke, increasing the price of and regulating tobacco products, and promoting non-smoking messages while limiting tobacco ads) can we hope to end the staggering toll of needless disability and death," they write.

"The paradox of tobacco control is one contradiction that must come to an end," they conclude.

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HEADLINE: HEALTHWATCH: Tip of the Century: Quit Smoking  
BUMED/AMA Chicago (NSMN) -- Tobacco is one of America's greatest killers. About 460,000 people die each year from tobacco-related causes, more than from all preventable premature causes of death combined. Yet 3,000 children start smoking every day -- 1,000 of whom will eventually die from smoking. Thousands more are threatened through exposure to secondhand smoke.

Tobacco cessation is the health tip of the century. By quitting or never starting, you not only better your own chances of a long and healthy life, you also decrease the danger of passive smoke faced by your loved ones.

VADM Donald F. Hagen, the Navy Surgeon General, is working toward a smoke-free Navy and Marine Corps by the year 2000. Contact your local military medical treatment facility or your training department for information on smoking cessation classes. It's a matter of life and death.

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HEADLINE: HIV -- and Smoking -- and You

AMA Chicago, IL (NSMN) -- On 17 January 1994, the American Medical Association released new guidelines for the treatment of HIV -- the virus that causes AIDS -- and nicotine addiction.

The "AMA Guidelines on HIV Early Intervention" and "AMA Guidelines on the Diagnosis and Treatment of Nicotine Dependence" will provide the nation's 192,000 primary care physicians with new scientific data and strategies for treating smokers and HIV patients during routine office visits.

"Providing physicians with the latest scientific tools to improve patient care is a critical part of the AMA mission," said M. Roy Schwarz, M.D., senior vice president of medical Education and Science for the AMA.

SUBHEAD: AMA HIV Guidelines

The new guidelines will help physicians diagnose HIV infection, determine the disease stage, monitor and treat during the early stages of infection and assist patients in modifying behavior that can transmit HIV. An estimated 1 million Americans are infected with HIV disease.

"Primary care physicians are concerned with the total treatment of patients," said Schwarz. "They are well-suited to manage patients through the progression of HIV infection with the assistance of other specialists and health care providers."

SUBHEAD: AMA Nicotine Guidelines

The AMA also released new smoking cessation guidelines. They give physicians a step-by-step approach to implement a "stop smoking" program for patients.

Smoking and exposure to passive or environmental smoke kill nearly 500,000 people a year. In addition to loss of life, cigarettes cost \$68 billion in health care and insurance as well as causing lost productivity.

The National Cancer Institute reports that more than 70 percent of the 45 million U.S. smokers will have at least one office visit with a primary care physician this year. These patients believe that firm, supportive messages from their personal physicians would be important in motivating them to kick the habit.

"Patients regard their physicians as an important, authoritative, credible source of information," said Schwarz. "Communicating the risks of smoking is as important as educating patients about cholesterol, proper weight or screening for breast cancer. We are not spending enough time educating our patients about the deadly nicotine habit."

The AMA's guidelines have been endorsed by the National Cancer Institute and the Centers for Disease Control and Prevention.

Health care providers can obtain copies of the guidelines from AMA's Lydia Steck at (312) 464-5372.

EDITORS NOTE: Reporters can also obtain copies from Steck.

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 29-31 March 1994, Sea-Air-Space Exposition, Sheraton Washington Hotel, Washington, DC. For information, contact Pamela Broberg, Navy League of the United States, (703) 528-1775.

-- 2-13 May 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-- 9-16 July 1994, The Third National Kaiser Permanente

Internal Medicine Conference, Ritz Carlton Hotel, Kapalua, Maui, HI. For information, contact Eric Tepper, MD, Internal Medicine, The Permanente Medical Group, 3400 Delta Fair Blvd., Antioch, CA 94509; (510) 779-5211.

-- 25-29 July 1994, Eighth Annual Sports Medicine conference, San Diego. For information, contact the University of California, Office of Continuing Medical Education, (619) 534-3940.

-- 1-12 August 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

-- 17-28 October 1994, Operational Entomology Training, Navy Disease Vector Ecology and Control Center, Jacksonville, FL. For information, contact the DVECC Training Department at (904) 772-2424, DSN 942-2424, FAX (904) 779-0107.

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5. March observances and events occurring 16-25 March:

MARCH

Women's History Month -- "In Every Generation, Action Frees Our Dreams"

National Nutrition Month

Cataract Awareness Month

Eye Donor Month

Hemophilia Awareness Month

National Kidney Month

National Chronic Fatigue Syndrome Awareness Month

Mental Retardation Awareness Month

National Social Work Month

EDI (Electronic Data Interchange) In Health Care Month

16 March: Freedom of Information Day

16 March: Black Press Day

16 March 1827: "Freedom's Journal," first black newspaper in United States, founded in New York City

17 March: St. Patrick's Day

20 March, 1528 ET: Vernal Equinox -- Beginning of Spring

20-24 March: Children and Hospitals Week

20-26 March: National Poison Prevention Week

22 March: American Diabetes Alert: Sound the Alert

23 March: BUPERS has night detailing until 2200 EST

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6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMCOENL@BUMED10.MED.NAVY.MIL//

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